

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42085

State File No.

FILED JAN 6 1950

BIRTH NO. _____ REG. DIST. NO. 292 PRIMARY REG. DIST. NO. 4434 Registrar's No. 1

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Ralls</u> | | 2. USUAL RESIDENCE (Where deceased lived.—If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ralls</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Center-Mo.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Center-Missouri</u> | |
| c. LENGTH OF STAY (in this place) | | d. STREET ADDRESS (If rural, give location) <u>0</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |

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|--|--|---|--|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>RACHEL</u> b. (Middle) <u>FRANCIS</u> c. (Last) <u>FLOWERREE</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 20-1949</u> | | |
| 5. SEX <u>FEMALE</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED; NEVER MARRIED, WIDOWED; DIVORCED (Specify) <u>MARRIED</u> | |
| 8. DATE OF BIRTH <u>August 12-1978</u> | | 9. AGE (In years last birthday) <u>71</u> if UNDER 1 YEAR Months <u>4</u> Days <u>8</u> Hours <u>0</u> Min. | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House WIFE</u> | |
| 10a. USUAL OCCUPATION | | 10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u> | | 11. BIRTHPLACE (State or foreign country) <u>VIRGINIA</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>GRANVILLE FARNSWORTH</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mollie BRICE</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>George B. Flowerree</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>NONE</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>None</u> | | 17. ADDRESS | | | |

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|---|--|---|--|---|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis Acute</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> | |
| ANTECEDENT CAUSES | | DUE TO (b) <u>unknown</u> | | | |
| DUE TO (c) <u>Pulmonary Tuberculosis</u> | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | <u>431X</u> <u>15 yrs</u> | |

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|---|--|--|--|---|--|
| 19a. DATE OF OPERATION <u>None</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>None</u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Center Ralls Mo.</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | |

22. I hereby certify that I attended the deceased from Dec. 15, 1949 to Dec. 20, 1949; that I last saw the deceased alive on Dec. 20, 1949, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

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|--|--|---|--|--|--|
| 23a. SIGNATURE <u>C. H. Brooks</u> | | (Degree or title) <u>D.O.</u> | | 23b. ADDRESS <u>Center-Missouri</u> | |
| 23c. DATE SIGNED <u>12-31-49</u> | | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>12-22-49</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Oliver Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Center-Missouri</u> | | | |

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|---|--|--|--|---|--|
| DATE REC'D BY LOCAL REG. <u>12-28-49</u> | | REGISTRAR'S SIGNATURE <u>Clyde Wilkey</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Clyde Wilkey</u> | |
| | | ADDRESS <u>PERRY-MO.</u> | | | |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

8766

JUL 29 1950

RECEIVED JAN 5 1950
District Health Officer No. 10
District File No. 1-57-44
Date Filed JAN 5 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Clyde W. Wilber
Licensed Embalmer No. 3820
P. O. Address Deny Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.